



BLACK LOWE & GRAHAM^{PLLC}

Intellectual Property Attorneys

701 Fifth Avenue, Suite 4800
Seattle, Washington 98104
206.381.3300 • F: 206.381.3301
blacklaw.com

FACSIMILE COVER SHEET

FAX TO: Office of Initial Patent Examination
FACSIMILE NO: 703-872-9306
SUBJECT: CHANGE OF CORRESPONDENCE ADDRESS
OUR REFERENCE: BING-1-1036 AND BOEI-1-1200
FROM: Wendy Saxby for Dale C. Barr
DATE: November 2, 20042004

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PTO/SB/21 (09-04)

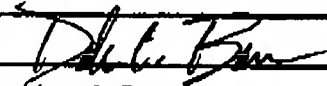
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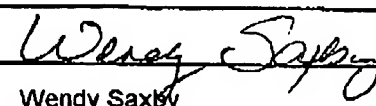
| | | |
|---|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/720,605 |
| | Filing Date | November 24, 2003 |
| | First Named Inventor | Rupe, Kurt A. |
| | Art Unit | 3661 |
| | Examiner Name | Not Assigned Yet |
| Total Number of Pages in This Submission | Attorney Docket Number | BING-1-1036 |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Black Lowe & Graham, PLLC | | |
| Signature |  | | |
| Printed name | Dale C. Barr | | |
| Date | November 2, 2004 | Reg. No. | 40,498 |

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| Typed or printed name | Wendy Saxby | Date | 11/2/04 |

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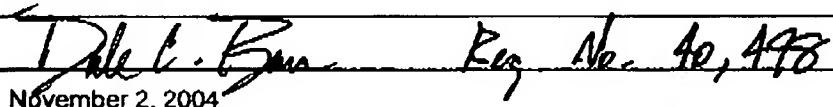
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|--|------------------------|-------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. BOX 1450 Alexandria, VA 22313-1450 | Application Number | 10/720,605 |
| | Filing Date | November 24, 2003 |
| | First Named Inventor | Rupe, Kurt A. |
| | Group Art Unit | 3881 |
| | Examiner Name | Not Assigned Yet |
| | Attorney Docket Number | BOEI-1-1036 |

| | | | | | | |
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| <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration number _____ | | | | | | |
| Typed or Printed Name | Dale C. Barr | | | | | |
| Signature |  | | | | | |
| Date | November 2, 2004 | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | |
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